


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90549 015 \*\*\*150.00

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|--|---|
| <b>DOCUMENT # H31492</b><br>1. Entity Name<br>DOC PARTIN RANCH, INC. |  |
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|---|---|
| Principal Place of Business<br>1000 LEGION PLACE<br>SUITE 1700<br>ORLANDO, FL 32801 | Mailing Address<br>1000 LEGION PLACE<br>SUITE 1700<br>ORLANDO, FL 32801 |
|---|---|

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|--|--|
| 2. Principal Place of Business<br>6105 Canoe Creek Rd<br>Suite, Apt. #, etc. | 3. Mailing Address<br>6105 Canoe Creek Rd<br>Suite, Apt. #, etc. |
|--|--|

|   |         |   |         |
|---|---------|---|---------|
| City & State<br>St. Cloud, FL<br>Zip<br>34772 | Country | City & State<br>St. Cloud, FL<br>Zip<br>34772 | Country |
|---|---------|---|---------|



03212005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-2502400  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 6. Name and Address of Current Registered Agent<br>SHUFFIELD, W. CHARLES ESQ<br>1000 LEGION PLACE<br>SUITE 1700<br>ORLANDO, FL 32801 |                               |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code     |                               |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>PARTIN JR., HENRY H.<br>5355 CANOE CREEK ROAD<br>ST. CLOUD, FL <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PARTIN, W. DOUGLAS<br>P OBOX 99<br>KENASNSVILLE, FL <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>PARTIN, BEVERLY W.<br>5355 CANOE CREEK ROAD<br>ST. CLOUD, FL <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>PARTIN, MILDRED<br>6101 CANOE CREEK ROAD<br>SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KEMPFER, BECKY P<br>8053 OCEAN PRARIE LANE<br>MELBOURNE, FL 32904 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOOTH, MARTHA P<br>6101 CANOE CREEK RD.<br>SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mildred M Partin 4/11/05 407-842-2098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #